

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049014

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3654 Registrar's No. 164

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

PIKE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

LOUISIANA

Length of stay in lb

2 MO.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

PIKE COUNTY HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE

MO.

b. COUNTY

PIKE

c. CITY
OR
TOWN

3 MI. EAST of FRANKFORD

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

NAOMA

NICHOLS

4. DATE
OF
DEATH

DEC. 23 1963

5. SEX

F

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/9/1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Hemorrhages

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary Infections & severe
bronchopneumonia bil. lat.

10 hrs

DUE TO (c)

Severe Pulmonary Emphysema & Fibrosis

8 wks
3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas H. Lavelle MD

22b. ADDRESS

Louisiana Mo

22c. DATE SIGNED

12/26/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

DEC 24 1963

23c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEMETERY

23d. LOCATION (City, town, or county)

FRANKFORD MO.

24. FUNERAL DIRECTOR

ADDRESS

MEGOWN FUNERAL HOME FRANKFORD MO

25. DATE RECD. BY LOCAL REG.

12-26-63

26. REGISTRAR'S SIGNATURE

Bernice Collins

H.S.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 6 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.